

0-56



State of Florida, Department of Health, Vital Statistics
APPLICATION FOR BURIAL - TRANSIT PERMIT

A. (TYPE)

1. Name of Deceased: First Homer, Middle Lynn, Last Satterlee. Date of Death: February 19, 2007

2. Place of Death: County Pasco, City, Town or Location Dade City. Name of Hosp. or Inst. Royal Oak Nursing Center

3. Name of Medical Certifier Hernando Taboada, MD. Address 37826 Sky Ridge Circle, Dade City FL 33525. Phone Number (813) 780-1235. Medical Examiner Physician

4. Name of Funeral Home/Direct Disposal Establishment Whitfield Funeral Home. Address 5008 Gall Blvd., Zephyrhills FL 33542. Fla. Lic. No./Reg. No. 1815. Phone No. (Area Code) (813) 783-9900

5. Check Appropriate Box
 a. The medical certification has been completed and signed. A completed certificate of death accompanies this application.
 b. Dr. Taboada's office was contacted on 02/19/2007. He/she verified that this death was from natural causes, that there was no accident nor other external cause of death, and that Dr. Taboada will complete and sign the medical certification of cause of death within 72 hours.
 c. _____ was contacted on _____ He/she verified that _____, Medical Examiner, will complete and sign the medical certification of cause of death within 72 hours.

6. Funeral Director/Direct Disposer: Signature [Signature], F.E. No./Reg. No. FE 1745, Date Signed 02/19/07

B. BURIAL - TRANSIT PERMIT

Permission is hereby granted to dispose of this body. Permit No. 1815-07077

A five (5) day extension of time for filing the death certificate (exclusive of weekends) has been requested and granted since the physician has been contacted by the funeral director and will not be able to complete the medical certification of cause-of-death section of the death certificate within 72 hours.

No extension of time for filing the death certificate has been requested.

Registrar or Subregistrar Signature [Signature], Date Issued: 02-19-07, Date Certificate Due: 02-24-07

C. AUTHORIZATION for CREMATION, DISSECTION, or BURIAL-AT-SEA

Approval Number: 70701767, Date: 02-21-07

Medical Examiner, Christopher Wilson, MD, gave authorization by telephone to Gene Whitfield, FD by fax to Gene Whitfield, FD Funeral Director/Direct Disposer. Date: 02-21-07

The Medical Examiner's approval must be obtained before disposal by any of the above methods. A waiting period of 48 hours after death is required for all cremations.

- D. FOR FUNERAL DIRECTOR/DIRECT DISPOSER USE ONLY
- Date Burial-Transit Permit (pink copy) was filed with Local Registrar: _____
 - Date Temporary Certificate was filed with Local Registrar: _____
 - Date Permanent Certificate was filed with Local Registrar: _____
 - Follow-up: _____
 - Name and _____
 - Funeral D _____

DH 326, 8/97 (Obs) (Stock Number: 5)

Crematory No. 06318

Certificate of Cremation

THIS CERTIFIES that the remains of Homer Lynn Satterlee who died February 19, 2007 was cremated at Palm State Crematory Clearwater, Florida, on February 22, 2007 and these are the cremated remains of said deceased.

Palm State Crematory
By [Signature]
Funeral Director

Burial ashes 5/22/07 Blat P lot 56